AN INQUIRY

INTO

A FREQUENT CAUSE OF INSANITY

IN

YOUNG MEN.

BY

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PREFACE.

In the following Inquiry it has been the earnest desire of the writer to confine himself strictly to facts, and to direct the attention of the medical profession to a subject the importance of which is manifest, and to one upon which considerable latitude of opinion exists; for whilst it has by some been denied that masturbation is so productive of mental disease, the subject has by others been considered unworthy of attention. This paper is, therefore, offered to medical practitioners, in the hope that those who by their position can be instrumental in doing so much good, may be prepared to do their duty, and to save many a mind from being reduced to the awful condition of early fatuity.

The utility of this Inquiry will be enhanced if it elicit the opinions and experience of others competent to deal with the subject.

In the first part the writer has detailed the facts as they have occurred in the experience of Bethnal House Asylum. He is well aware that other occupations than those therein alluded to present cases of the nature described; but as persons following these were not admitted during the years in which a systematic record has been kept, he has refrained from noticing them. His experience also extends to a large number of cases admitted into the asylum (and still resident) previous to the year 1845; but as no comparative deductions could be drawn from these cases, they have not been introduced.

In the Second Part, the writer has described the mental and physical phenomena as he has observed them. Although aware that some of these are common to insanity produced by other causes, he does not believe that they will be found grouped together as he has detailed them in other cases than those due to the cause treated of.

In the last Part, the treatment more especially alludes to cases when they come under the care of the alienist physician. Previously to that more hope can be offered of treatment being successful, as the number of those who have been benefited testifies.

In conclusion, the importance of cultivating correct moral principles cannot be too strongly urged. The necessity of a constant guard being kept over the passions is so evident, that any remarks upon this subject would be not only quite out of place, but injudicious.

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PART I.

On entering an asylum for the insane, especially if it be one receiving patients from the middle as well as from the lower class of society, there is one group of inmates which may arrest the attention of the visitor from the contrast presented to the excited persons around him, on the one hand, and to those who are convalescent on the other. Engaged in no social diversion, the patients of this group live alone in the midst of many. In their exercise they choose the quietest and most unfrequented parts of the airing-grounds. They join in no social conversation, nor enter with others into any amusement. They walk alone, or they sit alone. If engaged in reading, they talk not to others of what they may have read; their desire apparently is, in the midst of numbers, to be in solitude. They seek no social joys, nor is the wish for fellowship evinced.

In some asylums these patients form a considerable proportion of the male inmates; but, for reasons to be presently alluded to, it is not very remarkable that the cause of this kind of mental alienation, and its existence as a distinct form of disease, have by some been doubted. It is, however, remarkable that writers on mental maladies pass over this class of mental affection with scarcely an allusion to the occasion of it. It is surprising that those who undertake to treat of a whole subject should refer to so important a section in a most cursory and unsatisfactory manner. To this there are few

exeeptions. In Pritehard's treatise, published in 1835, there is little or no information upon the subjeet. With the exeeption of the late Sir W. Ellis, of Hanwell, there is seareely an English author of a work on insanity who has entered upon it. In his "Treatise on Insanity," published in 1838, he specially alludes to this elass of eases, and reeognizes its importanee. He pertinently remarks: "A great deal has been said on dementia by previous writers on insanity, but this, the true eause of its origin in by far the greater number of eases, has not been mentioned."

Esquirol also alludes to patients of this elass, but does not appear to have recognized that a regular and, I may say, constant set of symptoms indieate mental alienation proeeeding from the eause treated of—the viee of masturbation. In his work, "Des Maladies Mentales," in the ehapter "De la Folie" (page 24, Brussels edition, 1838), it is written:—"La masturbation, ee fléau de l'espèee humaine, est plus souvent qu'on ne pense eause de folie, surtout ehez les riehes." Whilst at page 35 he again writes:—"La masturbation, dont nous avons parlé sous un autre rapport, est signalée, dans tous les pays, eomme une des eauses fréquentes de folie; quelque fois est le prélude de la manie, de la démenee, et même de la démence senile; elle jette dans la melaneholie, eonduit au suieide. Elle est plus funeste aux hommes qu'aux femmes," ete.

In the exeellent work lately presented to the publie by Drs. Bueknill and Tuke, the design of which was to supply the want existing of a good treatise on insanity, solitary viee as a eause of mental disease has been all but passed over, and no available information upon this subjeet is afforded.

From the ages of antiquity the effeet of indulgenee in libidinous pleasures has been reeognized, but their effeet on the manifestation of the mind requires, it appears to me, further deseription. Some reliable information upon a matter so important to the well-being of soeiety eannot therefore be quite unneeessary. I am also indueed to submit the follow-

ing observations to the profession, from the fact that in 119 cases which were recognized after admission into Bethnal House Asylum to be due to this melancholy cause, in only six was the true cause understood previous to admission; whilst the greater proportion of those cases in which the supposed cause was stated was attributed to religion or over-study.

Seeing, then, the necessity for more certain information, this communication is offered, in the hope that not only may the patient by timely aid be restored, but also that the general practitioner, when insanity has been thus produced, may be enabled to form some opinion as to the progress and results of the mental disease, and to warn the patient's friends of the uncertainty attending the progress of the malady. And who can doubt the importance of recognizing these cases before the mental symptoms have become so urgent as to necessitate the interference of the alienist, when generally the physical system is so reduced, and the mind so impaired and shattered, that but little treatment of a sanative nature can be adopted?

Let us not ignore so powerful a cause of mental disease merely because it is a nameless vice, and one we blush even to allude to. It is of too frequent occurrence, and is too serious in its results, to be passed over lightly.

The inquiry into the mental characteristics and physical aspects of the lunatic victim, self-sacrificed to this vicious indulgence, will be best conducted by reviewing—

I. Some of the statistics of the subject.

II. By inquiring into the mental phenomena and physical indications.

III. By our attention being directed to the prevention and treatment, both medical and moral.

I. Statistics.

1. *Frequency as a cause of insanity.*—It is especially desirable to ascertain the frequency of cases of insanity arising

from masturbation—a word which in future shall be alluded to rather than expressed.

There are considerable difficulties in obtaining definite and certain information on this head, because, as has been already remarked, some alienist physicians do not recognize mental disease to be produced by this cause, and they are satisfied with the cause being stated to be "unknown," or receive as correct some other than the true one.

From Dr. Thurnam's statistics it would appear, that amongst the Society of Friends, 4 cases out of 59 were stated to have this as their cause; and, again, in 8 persons unconnected with the Society of Friends, 2 cases were attributed to the vice, thus giving the proportion of 1 in 14·75 cases in the one instance, and of 1 in 4 cases in the other, or an average of 1 in 9·37.

From Esquirol's tables no precise deductions can be made, because he does not separate the males from the females, but merely gives the totals. He allows, however, that the cause is much more frequent in its dire results amongst males than females.

In Drs. Bucknill and Tuke's "Psychological Medicine," it is stated, that of 29,769 cases of lunacy, of which the exciting cause was ascertained, three-fifths were referable to physical and two-fifths to moral causes.

Occupying the fourth place in importance of the physical causes are "vicious indulgences." Under this head, I presume, the cases inquired into will be found; but, as I shall presently show, caution must be exercised in receiving a statement founded upon a collection of cases, of which the proportion of males and females, of private and pauper patients, is not known; for it will be found that one cause exercises an effect in one class more frequently than it does in another. This is a point to which, it appears to me, too little attention has been paid in forming statistical tables of the causes of insanity.

On referring to the tables drawn up from the experience

of Bethnal House Asylum, the frequency of this cause may appear to be exaggerated or over-stated. Would that it were so. But I fear that in the comparison of cases in this institution with those in others, the excess appears only because the cases in the latter, not being recognized, have been under-stated. Of 1345 male patients admitted since the year 1845, when books, according to the form now employed, were introduced by the Act 8 and 9 Vict., c. 100, I find that 119 cases have been recognized as due to this propensity. This would give a per-centage on the total admissions of 8·84 or 1 in each 11·30 patients. On prosecuting the inquiry further, the important fact, that insanity from this cause is of twice as frequent occurrrence in private as in pauper patients, is ascertained; for it is found, that of the 119 cases, 64 were admitted as private, and 55 as pauper patients. Now of the 1345 males admitted, 511 were as private, and 834 as pauper lunatics. There will thus be a per-centage on admissions in the private class of 12·52, or 1 in 7·98, and in the pauper, of 6·59, or 1 in 15·16 admissions.

From the fact that the cause produces insanity twice as frequently in the private as the pauper class, I presume that there has been greater difficulty in recognizing cases in our county pauper asylums, although this was the field of Sir W. Ellis's observations; and the denial of the effect is, I consider, to be traced to conclusions having been arrived at only, or in great measure, from pauper lunatics. This, also, shows how carefully statistics of the causes of insanity ought to be prepared, for the variation in the frequency of causes amongst the higher and lower classes is not confined to that under consideration.

It must also be borne in mind, that many of those admitted as paupers occupied that position only because they had become of unsound mind. Had mental health continued, they would not have been in that reduced position. It will, however, be sufficiently accurate, bearing this in mind, to state, that the cause acts apparently twice as fre-

quently in the upper as in lower classes. How can this be explained? It is generally believed that the confined space in which the families of the lower classes reside has a marked tendency to lessen the moral tone of their society. And may it not also be that marriage is of more frequent occurrence, at an earlier age, in the lower than in the upper classes? If this be true, then are early marriages not always productive of evil; but whilst tending to impair the healthiness of the offspring, they are productive of good to the parent, at least on the father's side.

2. *Age.*—The next subject for inquiry is the age at which the first attack of insanity occurred in these cases:—

In 7 paupers, the age was not ascertained; the numbers will, therefore, be—of private patients, 64; of paupers, 48; or 112 in all.

Of the private patients, 22 were first attacked by insanity between the ages of 15 and 20; and 19 lost their reason between 20 and 25. In other words, nearly two-thirds became insane under the age of 25, and rather more than one-third under the age of 20. Of the remaining 23 cases, by far the largest proportion occurred between the ages of 25 and 30.

Amongst the 48 paupers, the relation borne to age on the first attack is nearly the same. Thus the mind gave way in 11 under the age of 20, and in 19 between the ages of 20 and 25; so that, as in the other class of patients, nearly two-thirds of the cases occurred under the age of 25. Of the remaining 17 cases, the larger number was attacked under the age of 30.

Thus, of the 112 cases, 72 (or nearly two-thirds) occurred under the age of 25; whilst the remaining third happened above that age; of which 27 became insane under 30, and 13 above that age.

In first attacks, the greatest proportion of cases of insanity, from all causes, occurs in males between the ages of 30 and 40. In patients from this vice, the greater proportion, as just stated, is between 15 and 25 years. Cases above the age of 30 are exceptional.

3. *Condition as to marriage.*—On referring to the condition as to marriage, it is found that of the 119 cases, 113 occur in single, and 6 amongst married men. In 4 of these 6, the mental disease first showed itself *above* the age of 25 years; and in 2 under that age: 5 of these 6 were pauper patients. In one of these cases, the facts were of an interesting nature; for whilst the patient was convalescent, he became much depressed, and at last acknowledged that the occasion of his depression was the fear he entertained that he might once more give way to his vicious habit. These cases are also interesting as showing that the married state is not always a preventive of this vice, and tell how difficult it is to overcome it when once the habit has been indulged in. 113 were single men. This ceases to be a matter of surprise when it is remembered that the average age at marriage of the male population of England is 26 years. It must be kept in mind, that the pernicious habit has generally been formed at an early age, and that one of the consequences in its victims is their dislike for the society of females, and a consequent disinclination for the more intimate relation of the married state. It is probable that a large proportion of the marriages of males, under the age of 25, occurs amongst the working classes; for the causes which operate amongst the better ranks of society do not exercise so great an influence amongst the former in preventing early marriage. But reference to the Registrar-General's reports does not settle this question; it is one, therefore, rather of surmise than of fact.

Another point to be noticed as regards the vice and marriage is, that in certain parts of the kingdom the per-centage of unmarried men largely exceeds the average for England. Is, then, insanity from the vice more common in these districts? From asylum reports it would not appear to be so; but, on the other hand, the per-centage of illegitimate children in these districts exceeds the average for England.

4. *Rank.*—As regards the rank or social position of the

cases, it has been already shown that those amongst the middle classes largely exceed those amongst the paupers. It would appear that the middle classes are more the subjects of insanity thus occasioned than either the class above, or that below them in social grade. This result is just that which might have been expected from the consideration of the inducements to the habit, having regard to morality (whether due to religious feeling or self-imposed), to occupation, recreation, social intercourse, and facilities for marriage.

5. *Sex.*—A few remarks on the sex of the patients may not be quite out of place. The object of this paper being to show the frequency of one of the causes of insanity in young men, it has not been considered necessary to make any comparison with the female insane, and I shall only remark that there appears to be great similarity in the mental symptoms presented by the sexes, with this addition, that in the female a hysterical condition is manifested which in the male does not appear. Although there is reason to believe that indulgence in this vicious propensity is by no means infrequent amongst females, it does not appear that insanity is so commonly produced thereby in them as in males. It is not to be expected that the effects on the mind would be so severe in the female as in the male, and I believe that the mind is only in rare instances so affected as to necessitate removal to an asylum, though there is little doubt that a variety of obscure maladies are occasioned, for the detection of the true cause of which considerable tact is required.

It will be observed that cases of nymphomania are not here alluded to. This distressing affection is observed at all ages, is frequently manifested during the progress of mania, and is to be regarded rather as a result of the loss of self-control or the deadening of the moral feelings than as the *cause* of the insanity, although it may be probable that the condition of the uterine system may have been an important agent in producing the mental alienation. Still, until the control is impaired, or moral sensibility deadened,

the manifestation of this unhappy condition does not occur.

6. *Occupation.*—In both classes of patients I find that the sedentary or in-door occupations supply a much larger number than do the out-of-door trades. As might have been expected, a larger proportion of those engaged in out-of-door occupations occurred amongst the pauper class.

Amongst the private patients the larger number of cases occurred in clerks. Next to these came those unfortunate individuals who are without any occupation. The former supply 14 cases, and the latter 10. Third in the list stand shopmen, at 9. Thus from these three "occupations" come 33 cases, equal to more than half of the private patients. Of the remaining 31, 22 followed in-door occupations; whilst 9 were engaged out of doors; of these, 3 were farmers, 2 sailors, 1 a soldier, 1 a surgeon, 1 a lighterman, and 1 a labourer—rather a vague name for the occupation of a private patient.

The occupations of the pauper patients correspond to a great extent, the chief point for remark being that 10 cases occur amongst labourers, 1 was a farmer, 2 were porters, 1 was a lighterman, and 1 a hawker; making 15 cases in which those affected followed out-of-door occupations. The remaining 40 are thus distributed: carpenters, 6; shoemakers, 6; smiths, 4; printers, 4; clerks, 2; shopmen, 2; weavers, 2; sailors, 2; domestic servants, 2; no occupation, 2; and in 2 instances the previous occupation was not ascertained. The trades of watchmaker, chemist, baker, wood-carver, cigar-maker, and musician, each supply one case.

The marked predominance of in-door occupations is significant, as indicating the propriety of recommending out-of-door occupation and exercise in conducting the preventive treatment in the early stages before the physical condition is destroyed. As regards shopmen, it might have been expected that those engaged in attending on females, chiefly or altogether, would have presented an excess of cases; but so far as I can ascertain, of the 11 who were

engaged in shops, 4 only were employed in haberdashery establishments.

7. *Habitat.*—On inquiring into the previous residence of these patients, I find that the proportion from town and country in both ranks is nearly alike. Thus of the 64 private admissions, 12 were from country and 52 from towns; of the 55 paupers, 10 came from country and 45 from towns. A larger proportion of cases produced by solitary vice might on first consideration have been expected from the country districts, until it is remembered that there is no situation where a man can be more alone or lonely than in the bustle and business of the city. "*Magna civitas magna solitudo;* because in great towns friends are scattered, so that there is not that fellowship for the most part which is in less neighbourhoods," are the words of one of our most esteemed philosophers. So many young men are compelled by business avocations to reside in large towns away from their families or friends, who, unless they are fortunate in possessing a large or easily accessible acquaintance, are left in great measure to spend their unoccupied time according to their own resources, and are thus exposed, when the mind is ill-regulated, to the evils of solitude on the one hand, or to the temptations of the city on the other. Happy he who can pass the trial unscathed. For there seems every reason to hold that a moderate indulgence in social intercourse, and the amusements of reputable society, in which both sexes take a part, is antagonistic to the habit. Those who, on the other hand, live in the country are either residing with their friends, or, making acquaintances more readily, are enabled to spend their spare hours, if not in cheerful, at least in respectable society; and are thus spared the feeling of being desolate and alone, which it is to be feared is but too often experienced by the country-bred youth when first he resides in the crowded city.

May it not be that the proportion of town and country cases is to be thus explained?

8. *Religion.*—This is a question not only of interest, but of

importanee as regards treatment. I mean whether eireumeision as praetised amongst the Jews exereises an effeet as a preventive measure. I am inelined to believe it does exereise some effeet; for although insanity is eommon amongst the Jews, and although a eonsiderable number have been reeeived into this asylum, I ean find one instanee only amongst the 119 in whieh the Jewish religion was professed. Cireumeision appears, therefore, to be not without benefit as a preventive means, but the viee oeeurs amongst the Jewish nation in spite of the universal prevalenee of that operation or religious rite.

As regards those professing the Christian religion, it is aseertained that 33 private and 26 pauper patients professed the religion of the Established Chureh. 27 privates and 21 paupers (48 in all) belonged to various dissenting forms. In 3 private and 8 pauper lunaties the form was either not known or not stated. In other words, 59, or one-half of the eases, belonged to the Established Chureh, and the other half to various dissenting bodies, or professed no form or the form was not aseertained.

One faet is striking: that the proportion of Protestant Dissenters amongst the private patients is large; they amount to 27.

It might be expeeted that these eases would ehiefly oeeur in members of families of striet religious edueation. Experienee supports this expeetation; and faets also show that those who from this eause beeome insane have generally, to all appearanee, been of strietly moral life, and reeognized as persons who paid mueh attention to the forms of religion. As will be afterwards more fully stated, it is frequently observed, espeeially in the aeute attaek resulting from this eause, that religion forms a noted subjeet of eonversation or delusion.

9. *Hereditary predisposition.*—This head presents espeeially two points for eonsideration:—1st, Is masturbation of itself suffieient to eause insanity? Or, 2nd, Does insanity

only become developed when predisposition to insanity exists, and after the system has been reduced by the vice?

One fact would appear to favour the latter suggestion; it is, that insanity in these cases becomes manifest at so early an age; but this is met by the assertion that the vice is practised chiefly at that period when the system is yet undeveloped and easily impressed.

What will statistics prove? Let the difficulty in obtaining correct information on this head be borne in mind. As it is, the evidence, it must be allowed, is scarcely more than presumptive.

Of the 64 private cases, in 24 no relative was stated to be insane, 25 had relatives insane, and in 15 cases whether or not hereditary predisposition to insanity existed was not ascertained.

Of the 55 pauper cases, in 3 no relative was stated to be insane, 23 had relatives insane, whilst in 32 instances predisposition was not ascertained.

In 45 out of 119 cases, predisposition, as shown by relatives being insane, existed; in 47 its existence was not known; and in 27 instances it was stated not to exist.

It is generally held that predisposition in the father affects the son more than the daughter, and that disease in the mother affects the latter rather than the former. These cases would appear to a certain extent to support the first axiom; for of the 45 cases, predisposition existed on fathers' side in 19 instances, and on mothers' side in 7; in 2 cases a brother and sister were both insane; in 3 instances a sister was, and in 2 a brother; in the remaining 12 the uncle, aunt, or cousins were afflicted, but on which side is not known.

Could correct statistics be obtained, it is probable that a larger proportion of hereditary predisposition would be found. The consideration of these facts is by no means conclusive; but there can be no doubt that when predisposition to insanity exists, the mind succumbs much sooner to the undermining cause, and that this predisposition does not

affect the peculiar phenomena of the manifestation of the insanity due to this vicious indulgenec.

10. *Form of mental disease.*—The tendency of the mental affection is towards dementia, although the form of mental disease in the 119 cases when admitted is thus entered in the admission book:—

24	were entered as	suffering from	ordinary mania.
27	,,	,,	partial mania.
29	,,	,,	dementia.
24	,,	,,	melancholia.
5	,,	,,	imbecility.
10	,,	,,	acute mania.

The curability of insanity is in proportion to the aeuteness of the symptoms. In the fact that 10 eases only presented acute indications there is one reason why the cures in these young men are so few; while the dementia, melancholia, and imbecile number 58, and the partial and chronic mania 51. There is, therefore, a large proportion of the less curable forms when admitted.

11. *Results of treatment.*—On examining the results of treatment in these cases, it is ascertained that 20 of the 119 under treatment recovered; 19, or nearly the same proportion, were relieved; 67 were either discharged not improved, or eontinue so in the asylum; 13 died.

The average per-eentage of recoveries on admissions in the English asylums may be stated as about 40; whilst the recoveries on the 119 cases give a per-eentage of only 16·80.

The recoveries on the admissions are as follows:—Of the 10 acute eases, 6 reeovered; of the 24 chronic or ordinary mania, 2 recovered. In one of these the asylum treatment was continued for four weeks with this satisfactory result; but the patient was readmitted the following year, removed relieved, and again admitted, and now forms one of the resident demented cases. Such results are by no means infrequent.

Of the 27 partial cases, 3 recovered; of the 24 melancholics, 8; and of the 29 demented, 1 terminated thus happily.

The proportion of recoveries to form of disease on admission will, therefore, stand thus:—

Of the acute, 6 recovered = 1 in 1·6
Of the ordinary, 2 „ = 1 in 12·0
Of the partial, 3 „ = 1 in 9·0
Of the melancholic, 8 „ = 1 in 3·0
Of the demented, 1 „ = 1 in 29·0

Acute mania and melancholia appear, therefore, to be the forms of mental disease in which the most favourable result may be expected. The small proportion of recoveries amongst the demented is very marked.

12. *Deaths.*—Of the 119 cases treated, 13 terminated fatally; of these, 2 occurred in ordinary, and 1 in partial, mania; 4 of the melancholics, 4 of the demented, and 2 of the imbecile, ended in a fatal result. In the acute cases no deaths occurred. The deaths, therefore, appear to bear, according to the form of disease, an inverse ratio to the recoveries.

The causes of death were—

In 5 instances, nervous exhaustion.
In 3 „ phthisis.
In 1 „ cholera.
In 1 „ coma.
In 1 „ serous apoplexy and granular kidney.
In 1 „ disease of heart and kidneys.
In 1 „ pneumonia.

10 of the deaths occurred amongst the pauper patients: of whom 3 died from exhaustion, and 2 from phthisis; but this I regard as a mere coincidence.

The fatal termination in the 4 demented cases was due to phthisis, exhaustion, pneumonia, and, in the fourth instance, the cause was serous apoplexy arising from granular kidney.

The causes of death in the 4 melancholics were—exhaustion, 3; phthisis, 1.

In ordinary mania, one died of exhaustion and the other of coma.

In the partial mania case, heart disease and nephria caused the fatal result.

Of the 2 imbeciles, phthisis proved fatal to one and cholera to the other.

Disease of the chest and nervous exhaustion are the most frequent causes of the fatal terminations; but, with the exception of three out of four melancholies dying of nervous exhaustion, the relations of causes of death to form of insanity present no peculiarity.

Although diseases of the abdominal organs form but a small proportion of the causes of death, still, during life, the most frequent complications are due to disorders of these viscera.

The inactive condition of the primæ viæ is at all times marked, and is, no doubt, due to the impaired state of the nervous system, which is so prominent a feature in these unhappy victims.

On referring to the age of those who died, I find that the earliest death was at the age of 21, the age on admission having been 19. The most advanced age at death was 54, the age on admission having been 53; and the patient had been insane since the age of 35. In both instances the cause was exhaustion.

The average of the 13 deaths gives the age of 31·2 years; but it must be remembered that these deaths are extended over a period of fifteen years, and of the cases admitted during that time several have attained the age of 40, two that of 50, and by another the age of 60 has been reached.

13. *Suicide.*—Esquirol states that masturbation frequently leads to suicide; it may, therefore, be not uninteresting to learn in how many instances this tendency was manifested previous to admission. Self-mutilation is also not an infrequent accompaniment; but correct statistics on this point I am unable to obtain.

Analogous to danger to self, is the propensity to do injury

to others, and, in passing, a glance may be given to ascertain the frequency of this.

4 of the private and 9 of the pauper patients (13 in all) had been suicidal, but not dangerous; 26 private and 12 pauper, had been dangerous to others; whilst 8 private and 11 pauper, had not only been suicidal, but dangerous to others.

In 32 instances, therefore, a suicidal disposition had been evinced previous to admission; and in 57, a tendency to do injury to others existed.

37 patients were neither suicidal nor violent; and in 12, as no statement is made as to violence to self or others, it may be concluded that no disposition had been manifested, or allusion would have been made to it.

From these facts, violence to others would appear to be of more frequent occurrence than violence to self. This will, however, be again alluded to in the Second Part of this Inquiry.

14. *Epilepsy.*—The vice is by some considered to be a cause of epilepsy. This statement, however, requires further proof than has yet been adduced.

Most confirmed male insane epileptics indulge in the propensity; but this succeeds, rather than precedes, the first epileptic attack.

In three of the cases I have collected, epilepsy was combined with the insanity, and had, there is reason to suppose, been preceded by indulgence. If it be said that the epilepsy in those so afflicted who practise the vicious habit in the asylum was due to it, then must the vice be of much more frequent occurrence than I have been able to trace. But I do not find that it had preceded the epileptic attacks in other of the many epilepties in this asylum than those I have adduced.

The opinion that vice occasions epilepsy would appear to have gained weight from the fact that epileptic fits have in a few instances been stated to occur only during periods of in-

tercourse; in others, that fits in those subject to them have at such periods been more frequent. But with regard to the first class, it may be urged that the fits, for obvious reasons, were *only detected at those periods*, and it is commonly known that married persons will tell of fits only happening at particular times; but when asked whether the fits may not also have occurred during sleep (one of the most common periods being soon after going to sleep), they will reply that they cannot say but that they might have, and on reflecting a little will occasionally recollect that, from certain circumstances your remarks may have recalled, it is probable that fits have occurred at other periods than they first stated.

From this the conclusion may be drawn that epileptic seizures in those predisposed may be excited by certain acts; but that these acts in the unpredisposed occasion the epileptic paroxysm is still to be doubted.

The same conclusion is arrived at in the other class of known epileptics having fits at certain times. In these, as in the first, the intercourse *may excite* a paroxysm (although I never met an epileptic who could decidedly say that the act had done so), but it still remains unproved that the *first paroxysm* was due to sexual irritation. Besides, the epileptic presents distinctive characters of physical development; but these, in the masturbator, are wanting.

Has not the relation between the vice and epilepsy been too readily received on too faulty data?

One reason why the vice is practised by old epileptics is, that it is repeatedly found that emission has occurred during the epileptic convulsion, and the frequency of this probably suggests to the subject of that disease to practise the vicious habit in the intervals. *It will not, however, be found that a paroxysm follows* indulgence, or has been excited by it.

Some may, perhaps, believe that one cause of the frequency of fits at night is due to the habit being practised at that time; but the argument against such an opinion would be, that females as well as males are subject to attacks of their

convulsive malady during sleep. Yet it is not found that the former lose the epileptic type of physical robustness as years advance, as do the latter, and I am not aware that epilepsy has been proved to have been produced in females by sexual irritation.

Of the three cases to which I have alluded above, the following particulars were ascertained:—Of the first, no history could be obtained, the patient being a wandering lunatic; but when admitted, the eye (so different from that of the true epileptic) and appearance were typical. In the second, the fits commenced at twenty-two years of age; but whether convulsive attacks in childhood had occurred could not be ascertained. The third case was interesting in this, that the patient himself stated that the fits commenced when he was nine years old, and that he considered that indulgence (suggested by older companions) had been the cause; but in this case, from his possessing the true epileptic characteristics, and from there being reason to believe that the disease was hereditary, I cannot conclude that it had been caused by his vicious propensity. Had it not been for the statement of the patient himself, this case would not have been included amongst the 119.

Such are the results of an inquiry into the statistical portion of this subject; and, in concluding it, I may direct attention to the following facts:—

That although a marked difference exists as regards the frequency in different ranks, there is a singular agreement in the age at which these cases occur, and in the occupations followed. That whilst 113 cases occurred in single men, 6 were married, and 5 of these were of the pauper class. As regards sex (although the subject of this paper is "Insanity in Young Men"), that the mental effects appear to be very much less severe to females than to males, but that the mind, in some cases, does succumb to the cause, and the condition of dementia become established. The proportion of cases in both ranks from town and country is nearly the same; whilst the

number of eases from towns largely exceeds that from the eountry.

As regards religion, that the cases are nearly equally divided between the Established Chureh and Dissenters; that in the aeute form, religious delusions are eommon, and that these attaeks may be attributed to other than their true cause, from the persistence of the religious fears. Although predisposition to insanity may exist, that no effect is exereised thereby on the mental and physieal phenomena of the disease, exeept it be that the mind may beeome sooner affeeted by the undermining eause. The eases also appear to support the generally reeeived statement, that predisposition in the father affects the son more readily than when the predisposition is on the mother's side. Although a variety of forms have been entered in the admission-books, that when the eases do not improve they tend to dementia; but that the greater proportion of the aeute and melaneholic cases terminate favourably, whilst reeoveries from the demented form are very rare. That the deaths are only 1 in 9 of the total eases, the largest number being due to nervous exhaustion, and in 3 cases to phthisis.

As regards suieide, the tendency oeeurs ehiefly in the aeute and melaneholie cases; whilst violence to others is of more frequent oeeurrenee, and is distributed over all the forms. And, lastly, that although epilepsy is by some believed to be due to the habit, there does not appear to be suffieient data for the reeeption of the statement, but that it may be allowed that in those predisposed sexual irritation may occasionally exeite the epileptie seizure.

PART II.

It is sad that, under the guise of a strictly moral life, a vicious indulgence, and one, too, of most aggravated eharacter and baneful results, may be praetised in solitude. It is to be deplored that the finest qualities of our nature may frequently

but cloak the hidden evil, and that the apparently well conducted, studious youth may be but too certainly preparing a manhood of misery and uselessness. How earnestly do those who know what the future will bring to such a one repeat these feeling words of Ellis—"Would that I could take its melancholy victims with me in my daily rounds (at Hanwell Asylum), and could point out to them the awful consequences which they do but little suspect to be the result of its indulgence. I could show them those gifted by nature with high talents, and fitted to be an ornament and a benefit to society, sunk into such a state of physical and moral degradation as wrings the heart to witness, and still preserving, with the last remnant of a mind gradually sinking into fatuity, the consciousness that their hopeless wretchedness is the just reward of their own misconduct."

Remonstrate with these victims after they are received into an asylum, whilst reason is still not quite destroyed, and they will agree with your remarks. They will express their thankfulness that they have yet been spared some portion of reason; they will express their deep abhorrence of their conduct; they will shed the tears of apparent penitence; and yet the old habit will be relapsed into; and when they think that they are removed beyond control, will once again indulge in their self-destroying practice. The determination to conduct themselves in the pure course is wanting, and in this there is evidence of the pernicious energy-sapping cause.

The parent, after her son (the only child it may be) is taken to an asylum, will tell that his insanity cannot be accounted for. He has been so well conducted, so quiet and studious, not seeking the company of the gay, the idle, and the thoughtless, but remaining quietly at home rather than joining the social amusements of those of his own age. Further inquiry may elicit that he has been of good abilities, and it may be clever in his occupation; that he had few friends, and rather shunned the society of those of the other sex. Had he been other than he was, some cause might

have been found in the irregularities of life to cause insanity in one scarcely beyond boyhood's years; but in such a quiet lad, and so carefully brought up, she is unable to suppose a cause. Then she may tell that for some time past a gradual alteration has been going on; he had changed not only in manner but in appearance; he became so peevish and irritable, so reserved in his conversation, so apathetic in manner, so slovenly in dress, so contradictory and so uncertain in his actions, so hesitating, first determining on one thing, and before he could execute that changing to some other course, and had shown such a want of self-reliance. That quite recently he had grown more and more apathetic, more slovenly in dress, paying less attention to cleanliness, and become slower in his actions; that he is now not only irritable in his temper, but is at times violent; that he does things by "fits and starts," is impulsive, deliberating long, and then suddenly hastens apparently to carry out his intention; and has become so stupid-looking and lost, and incapable of taking care either of himself or of his business; and all this has occurred without any apparent cause, except it may be his "studious habits." At last he can be borne with no longer; he is unmanageable in a private house, and is obliged to be removed from his home.

The cause we are considering may occasion two distinct forms of insanity; but of these, various degrees of intensity exist. The one is an acute attack; the other, a condition of fatuity, dementia, or of melancholic dementia.

The first will, I believe, be found to occur in those whose system has been deteriorated to a less degree than in the second, and it will be found that vice has acted as a *predisposing*, and that remorse for the vicious conduct, or some analogous moral emotion, has acted as the immediate or exciting cause.

The second, generally to be traced to the prolonged continuance of the practice, is to be regarded as a passive rather than as an active condition; as a loss, or abeyance of mind

proeeeding from debility, well-marked, rather than as exeited by any other eause than that produeing the debilitated eondition of the physical system.

The first eondition, if it do not end in restoration to reason, gradually passes into the seeond. But whilst it is matter for eongratulation that the first form generally terminates in mental reeovery, it is, at the same time, matter for regret that there is a great tendeney, from resumption of eause, to a relapse, and when this oeeurs, the termination generally is in the unhappy eondition of fatuity, or dementia. The ease alluded to in Part I. of this paper well illustrates this result; and the eases there stated as being entered in the "Admission Book" as partial or ordinary mania, represent the progressive tendeney towards dementia after the more aeute, or melaneholie, attaek has passed.

Both forms, although widely differing—the one in being an aetive, the other, a passive state—have, nevertheless, many similar symptoms.

1. *The Maniacal Form.*

The system, being redueed both physically and mentally, is but little able to stand against any mental emotion of a violent eharacter. The intensity exerted by the exciting emotion of eourse varies in proportion to the previous deteriorating effeet of the predisposing cause, and whilst, in one ease, but a slight inerease of mental exertion upsets the mind, in another a more severe or more prolonged continuanee of the exciting eause is necessary.

Although it will be found that various supposed eauses may be alleged, still I believe that in the greater proportion of sueh eases the immediate exciting eause is the feeling of disgust at, eombined with alarm for the eonsequences of, the patient's eriminal eonduet. Hence it is that feelings of their own unworthiness arise in such patients, and, under the impression that they have eommitted the unpardonable sin—have sinned against the Holy Ghost—and that a future world presents no hope of joy or happiness for them, as they are

excluded from it by their past conduct, they frequently make attempts to terminate their own existence. Such an act is occasionally incited by hallucination of the aural organ; but I have not found that suicide is so frequently to be traced to this, as in other cases of mental aberration depending on other causes. As regards suicide, the greater frequency of this occurs in those whose cases assume a melancholic character with the excitement. Thus, of the thirteen cases of suicidal tendency, without any propensity to injure others, twelve of the cases occurred in the melancholic and maniacal forms, and only one in the demented. But even this solitary instance is remarkable; for, although in the demented impulsiveness is frequently exhibited, it is not observed that this temporary energy is employed by the patient in doing injury to himself. He rather expends it in doing injury to others, or to the objects around him, and the mind is too much destroyed to experience those emotions which are the chief cause of the suicidal efforts in these cases.

Another peculiarity of these cases is the tendency frequently exhibited to self-mutilation, and, as reports show, the attempts are not unfrequently successful. Thus is indicated an unsound reasoning power, the visiting on the supposed offending organs the faults of the ill-regulated mind.

As already stated, the delusions in many instances assume a religious character, and hence it is that it is repeatedly found that the cause of the sufferer's condition is supposed to be religion. The delusions of this class generally are of the melancholic character stated above: fears that eternal happiness is lost; that they have no hope beyond the grave; that they have committed the unpardonable sin; or that they are unworthy to live. It is probable that many of those young men whose insanity has become developed through such revival meetings as have of late been held in various districts of Great Britain and Ireland, would, on searching inquiry, be found to be cases of the class now occupying our attention. But from the age and sex of those becoming insane sub-

sequently to attendance at these meetings not being stated in the reports of other asylums which I have had opportunity to consult, I am unable to state the proportion and frequency of such cases.

From the true cause of the mental condition of these cases not being understood, the meaning of these reproaches for past conduct cannot be comprehended; and it is easily explained why a young man of apparently blameless life making these self-accusations is regarded by his friends as suffering from acute religious feelings, whereas remorse or fear has generally more to do with his condition than true religious impression or conviction.

In some patients, actions of peculiar character are the result of the idea that, by so acting, a propitiation is made for the sin committed. The attempt to injure the genitals, to pass blood, and other similar acts, proceed from this; whilst in other instances the object of these actions may be to convince those around and themselves that they still have some power left. In these, the various acts of violence or destructiveness are the result of their endeavours to test their powers and to convince those around.

In the other mental symptoms there is no great difference from those observed in acute maniacal cases depending upon other causes. There is the excited and restless manner, the incoherence of language, the loss of sleep, and other indications of mania, but qualified by the characters peculiar to the form just described.

The tendency of the mental condition is generally towards recovery, but relapses may in a large number of cases be looked for; and so frequently do these at times occur that the case may assume a kind of recurrent form, but the continuance of this is limited by the approach of dementia.

During convalescence these patients generally betray their apathetic disposition. They do not care to employ themselves; there is a want of concentrative power; and they are easily tired by the ideas being fixed for but even a short time

on any subject. It is also not unusual to find that delusion upon one subject or upon one class of ideas exists. Thus the patient may deny the possession of a portion of his body; and whilst one will deny the existence of his heart, another will tell you he has no tongue. It is also to be remarked that in these there is a great loss of self-reliance, and they are undetermined in their actions, frequently ask what they ought to do, and then become obstinately opposed to follow the advice given.

The physical characters of the acute form are not so well marked as in the fatuous cases. In the former, mental peculiarities chiefly determine the cases; in the latter, the physical indications, combined with the abeyance of mind, distinguish them.

The physical system is, as a rule, but indifferently developed. The muscles are small, soft, and flabby; the body is generally emaciated, the adipose tissue being but feebly stored up; the complexion is variable, but, though occasionally flushed, is, as a rule, pale; the gaze is not constantly averted, but in all the cornea will be found dull and the expression inanimate.

During the acute furor, liquid food will generally be taken without much difficulty. The tendency to constipation must be obviated. The pulse, although rapid, is weak and small. There is much irritability of the heart's action; but I have not observed that anæmic bruits accompany the heart's sounds in these acute cases.

Such, then, are the indications of the first form. Excitement, with delusion of a melancholic cast, and frequently, if not in most cases, of a religious tendency, combined with a suicidal or a self-mutilating inclination, occurring in a thin or emaciated man, under the age of twenty-five (who does not present evidence of organic cerebral disease,) of generally pale complexion and averted gaze, but always with the dull cornea and expressionless countenance, would lead to the diagnosis of the cause. The termination may, if the predisposing

cause is overcome, be in recovery; but if it be continued, or if recommenced, the progress towards fatuity is certain.

2. *The Fatuous or Demented Form.*

It is in this, the second form of mental alienation, depending on the cause so frequently alluded to, that the physical indications are as characteristic as the mental. This form, which may be termed the fatuous or demented, occurs either as the primary disease, or as a more advanced stage of the acute; whichever it be, the mental and physical symptoms are alike. When it occurs as the original disease, the probability is, that the vice has been for a long time actively indulged in, and that the mental condition is the direct result.

Of the two forms, the demented is by far the most common, as might be expected from the dementia being either a result of the acute stage, or a primary affection. Indeed, if the acute attack does not terminate in recovery within three or four months, or if the cause be kept up, the demented state may be regarded, as already said, not only as probable but as certain.

Dementia, thus produced, varies in its intensity, and from the severity of the symptoms, may be sub-divided into the acute and chronic stages.

It has been already stated that the demented form is characterized by a passive condition of mind. But this is characteristic of the bodily, as well as of the mental, state. The manifestation of mind is at first, as it were, in abeyance, rather than the mind itself destroyed, or evincing increased action, as shown by excitement, incoherence, or delusion. The difficulty is, to rouse the mind from its dull and clouded state; there is a loss, not a gain or exaggeration, of mental power.

In the acute or recent dementia, the condition of the patient is most pitiable. His existence is, for a time, merely vegetative, and in well-marked cases the obstinacy of disposition is almost the only indication of a mental action, and the mental origin of this may even be doubted. The sufferer becomes quite silent, and is lost and unable to take care of

himself. He becomes statuesque, and extremely obstinate. He resists passively, and occasionally actively. If he be in bed, he will not rise to be washed or dressed. If up, he will not retire at proper time to bed, or allow himself to be undressed. Everything requires to be done for him. Cleanliness is neglected, and his dress unattended to. He makes no effort to speak, and when addressed, although conscious, does not appear to comprehend what is said. He will not feed himself. Inaction of the whole system is marked—the bowels are confined; the kidneys inactive; the pupils dilated and sluggish; the expression is vacant, and the averted look, though present, is less remarked than in the more chronic state, from the patient being so much more lost. The patient does not sleep, but in the morning may be found standing in his room in the position he may have assumed some time before. He appears as if suffering from a severe *nervous shock*. This condition does not continue many days. The cause being discontinued, the stupor becomes less intense, the inclination for repose more marked, and the sleep more natural and refreshing; the sensations of hunger and thirst are once more experienced; the secretions are more active; cleanliness of habit is attended to; the dress is looked after; the obstinacy decreases, and gradually an inclination and the ability to converse return, and at last, though slowly, the health of mind and body is restored. Such, in favourable cases, is the result, but it too often happens that convalescence is arrested, and that the condition of ordinary or chronic dementia becomes established, and with it the prospect of recovery diminishes.

I have occasionally observed this acute form occur as a complication of maniacal attacks depending upon other causes, and even after convalescence has been well established, a sudden relapse may take place. The possibility of this must be borne in mind, and the statement, that during an acute attack of insanity in males the vice is not indulged in, must be received in a very guarded manner. Few accidents are more capable of occasioning annoyance and disap-

pointment to the physician, and none more calculated to excite his pity and regret, than to find the recovery he regarded as certain marred and prevented, or delayed, by the preventible act of the patient himself. This cause of relapse is but little believed in, except by those who are intimately acquainted with the habits of the insane; but regarding it as possible, many an unexpected and unaccountable relapse can be readily explained. When any tendency to indulgence has been observed in the early stages of mania, the prognosis ought to be stated in well-weighed words. The fact of a patient, neither epileptic nor the subject of paralysis (although in young men the former is more probable), who, when put to bed was progressing favourably, being in a lost or much confused state when he got up on the succeeding morning, would be significant of some cause acting during the night. In the absence of excitement or a fit, the probability of this cause ought not to be forgotten.

When ordinary dementia is the form of mental disease which first occurs, it commences gradually and progresses slowly. The patient, if he be communicative, will probably state that the vice has been discontinued for some time; but this is not to be relied on. On questioning him, it will very likely be ascertained that the vicious habit dates from an early period, having been commenced before or about the age of puberty. Its frequency, in some educational establishments, has been a well-known evil. One patient informed me that he had but too readily learned the pernicious vice from the senior scholars, when he himself was a junior at a public school of undoubted reputation. This patient was admitted into Bethnal House Asylum, labouring under an acute maniacal attack; and after a residence of some duration, during which he had several relapses, he was removed by his friends (who thought him recovered) too prematurely, and at last, eluding their care, terminated his existence. How much better the more prolonged residence in an asylum in such a case!

The attaek of ehronic dementia is gradual in its approach. The failure of the memory and the loss of the ability to eon-eentrate the ideas are, I believe, the early indieations to the patient himself of his failing mental power. To others these alterations are also apparent, as may frequently be observed in eonversation by a sentence being eommeneed and brought to a sudden termination, and by the speaker being unable to keep his attention direeted long enough to the subjeet he desires to talk about. He may therefore eonverse about something else, and then end his sentenee quite differently to the intention he had when it was eommeneed. The young man thus beeomes uneonseeutive or ineoherent in his language. The loss of concentrative power is often very marked, and, next to loss of memory, is the most notable of the early mental indieations. To the former is also to be aseribed the hesitation with whieh a reply is given; and probably to the speaker being conseious (for these suffercrs frequently allude to this) of his loss of command over his thinking powers is to be traeed that pert manner of replying to questions, which may be generally observed. Thus when a question is asked about an ordinary subject, an interval oeeurs before a reply is given, and when an answer is eommeneed it is hurried over, as if under the apprehension that he might lose the subject before his answer was completed. There is consequently, first, hesitation, and then a pert, rapid reply. Continue conversation, and the loss of eoncentrative power beeomes more marked.

At the same time, the patient, being eonscious apparently of his eondition, shows it further in his loss of self-reliance, and his actions become hesitating and uneertain. There is no determination of purpose, and no sooner is one eourse fixed on, after long deliberation, than something suggests that it be not pursued, and so the person cannot make up his mind as to what he ought to do. Following this, the aetions beeome sudden or impulsive, and, self-eontrol being also in abeyanee, the aetion follows the idea, whether this be to

assault any one near, to start away in a sudden race, to tear his clothes, or to destroy the furniture of the room. But before this impulsiveness occurs, the temper has undergone a change; it has become sullen and irritable. It would, perhaps, be more correct to state that this sullenness or irritability is one of the early indications of disease observed by the friends of the patient, although not always perceptible to himself.

There is a progressive increase in the symptoms, and, combined with the preceding indications, the patient is found to be apathetic in disposition, at first untidy, and ultimately neglectful and dirty in his habits. He is little inclined for active exercise and occupation; he would rather spend his time in listlessly looking over a book than in useful employment, and is too lazy and heedless to take care of his person or his dress. The impulsiveness in action is the more marked from the apathy which is present, and it would appear to be in some measure explained by the determination being for a time exercised, and so fixedly as to overcome the apathy; but the latter is the more powerful, for the temporary energy soon subsides, and the victim is again reduced to his usual purposeless condition.

From an early period, solitude rather than society is sought; and as the malady progresses, he desires more and more to be alone, not, perhaps, as he was formerly, from inclination, but rather from his inability to derive pleasure from the company or conversation of others. This may in some degree be owing to previously acquired custom; the characteristic apathy of disposition has, however, much to do with it. The disinclination for female society is a prominent feature, not only in the early stage of the maniacal but also of the demented condition, especially in the early period of the chronic kind. Delusions in this form are not well marked. From the apathetic condition of the patient, and his disinclination to converse, it is difficult to determine the existence of these at the period of his reception into and

during his residence in an asylum. When present, they generally assume a negative form. Thus the patient may deny the existence of evident facts, and the negative reply, "I don't know," is often given in mere apathy to avoid further interrogation. But when delusion does exist more actively, I have not observed that any class is charaeteristic. Hallucination of special sensation is probably the most common. The fits of impulsiveness sometimes assume the form of a slight subacute maniacal attack (if I may use the expression), and during this attack the delusion of a conspiracy having been formed against him is not uncommon. Delusion in the chronic dementia of young men is, however, the exception.

Apathy, loss of memory, abeyance of concentrative power and manifestation of mind generally, combined with loss of self-reliance, and indisposition for or impulsiveness of action, irritability of temper, and incoherence of language, are the most characteristic mental phenomena of chronic dementia resulting from masturbation in young men.

Abeyance of mental manifestation is not the sole indication of the cause; the physical system sympathizes, as it were, with the mental. Thus the heart's action is weak and irregular, betokening irritability; anæmic murmurs may be occasionally, but according to my experience are not constantly, present. The pulse is peculiar; usually it is rapid, sometimes of diminished frequency, but it is always weak and easily accelerated by mental emotions or muscular exertion. The spanæmic condition is shown by the pale complexion which in the majority of cases exists. In some instances, however, a generally congested state of the facial integuments bears evidence to the want of power in the circulatory organs, which is further indicated by the stasis of the circulation at the extremities. In the winter months patients of this class suffer severely from chilblains, both of hands and feet; whilst the condition of the ears, too, is significant of the defective power of the system to withstand

the atmospheric inelemeneics, though, without doubt, this is greatly inereased by the apathetie condition of the patient. This leads to the eonsideration of the integumentary system, which, as might be expected, bears evidenee to the languid flow of blood through its capillaries. As in diseases of an exhaustive nature we find that the cutaneous seeretion is poured forth abundantly, so in the eases oecupying our attention the perspiration breaks forth on the slightest exertion. This relaxed condition of the perspiratory system is espeeially marked in the palms, and the exeeption is to find these dry in a masturbator; for generally a damp or cold, elammy perspiration is constantly present, and makes it particularly disagreeable to take the hand of one of these persons. The sub-integumentary layer is but sparingly supplied with fat, whieh is remarkable, eonsidering the little exercise these patients if left to their own guidanee would take.

The museular system is but feebly developed, and the museles, from inaetion, are, as a rule, small and soft. There is little inelination for exertion or exereise, exeept when the patient is impulsively roused. The iris, whieh is in some degree indieative of the tone of the museular and nervous systems, is sluggish in its aetion at all periods; but whilst the praetice is eontinued the pupil, aecording to my observation, is generally dilated. The condition of the cornea must not be overlooked. The brightness of health, so peculiar to this structure, is gone. Its appearanee is dull, and has been charaeterized as glassy or leaden, so markedly is its lustre diminished. The pale, broad, flabby tongue is eharacteristie of the general eondition. The appetite is altered; in some being perverted, so that leaves or stones are oeeasionally swallowed; frequently it is impaired, and in other cases may be so ill regulated that food in large quantity is eonsumed, and often very hurriedly. The digestive and assimilative proeesses are slowly and sluggishly earried on, and, although there are a few rare exeeptions, as just stated, there is but little tendeney to the storing up

of the fatty tissues. The person is, therefore, generally thin, and, in advanced cases with perverted appetite, always so.

The intestinal and other secretions are but slowly eliminated. The liver acts tardily; the kidneys are not very active; whilst purgatives or an enema are frequently necessary to relieve the loaded bowel. To conclude this description, it is only necessary to add that the gait is slovenly or slouching, that the gaze is downcast or averted, and when addressed, the masturbator does not look the speaker openly in the face whilst he replies, but looks to the ground or beyond the questioner.

To resume: the pale complexion, the emaciated form, the slouching gait, the clammy palm, the glassy or leaden eye, and the averted gaze, combined with the mental characteristics above described, indicate the lunatic victim to this vice.

PART III.

It now only remains that a few words upon treatment be added. It is with unwillingness that I approach this part of the subject, for there is but little that can be stated in support of successful medical treatment when the physical and mental powers have been so reduced that admission into an asylum is necessary. All care and attention may be expended —all means calculated to benefit adopted; but unless the patient be determined to aid the physician's effort, all medical appliances are vain. The vicious thought or the present gratification soon upsets the best advice, and prevents the action of the most suitable remedies. I have previously observed that the acute maniacal cases generally terminate in recovery without any special local treatment; the relapse of these is due to mental cause—the impropriety of thought—rather than to bodily malady.

The first thing to be effected in the treatment of those who have formed the pernicious habit is, the removal of all

local sources of irritation. Let phymosis be removed, the loaded bowels relieved, vesical or urethral irritation alleviated; combined with regular and active exercise, the daily use of the cold bath and flesh-brush, and, if the mind can bear it, useful and increasingly important occupation; but this, as our statistics show, must not be of a sedentary or in-door character: cheerful society must be sought, and that, too, frequently; solitude must be avoided, but care in the selection of society ought to be exercised. The diet must be nutritious, easily digestible, stimulating at times, always invigorating; the evening meal ought to be light, and supper before retiring to bed refrained from. The soft luxurious bed must be avoided, and early hours adopted; sleep, to be beneficial, must be sound. Of medicines, opium at bed-time will be found especially useful, and the employment of tobacco in moderation has in some instances been observed to be attended by benefit; whilst in others the adminstration of soda (bicarbonate) appeared to exercise a beneficial effect. Of tonics, I have found the sulphates of zinc and quinine, commencing with grain doses made into pill with extract of taraxacum or gentian, thrice a day, the most suitable: by others, iron has been found beneficial.

Such would be the general plan of treatment, varied, of course, to the nature of the symptoms. Thus in the acute maniacal form the system must be well supported by liquid food, as solids will not be consumed; and forced alimentation resorted to if a suicidal inclination on the patient's part exists. The bowels having been relieved, opium several times a day may be administered; and when a strong suicidal tendency is present, this may be combined with antimony if the pulse will bear it. The efficacy of antimony in suicidal cases is beyond doubt; and the system is then very tolerant of it, as has been proved at this Bethnal House.

Of course these means must be supplemented by the attention of an experienced attendant, whose duty it will be, not only to prevent suicidal attempts, but to guard against

those at self-mutilation, and, if necessary, to stop the indulgence of the vicious inclination.

In the acute demented form, *attention to prevent indulgence in the vice* is the great indication; and at the same time liquid nourishment and stimulants must be assiduously administered. Opiates in this condition do not appear to be so beneficial as in the ordinary or chronic dementia, and whilst the state of shock continues, are, I consider, hurtful. In the treatment of chronic dementia but little variation from the plan of treatment first described will be necessary.

As regards local applications, such as cauterization, I do not consider they are often beneficial when the mind has become affected, as the irritation is kept up not only from without, but by the impure thought; and until this ceases (for I do not regard this as occasioned by local irritation) what benefit can be expected to attend any plan of treatment? The cases in which it has been stated to be beneficial are the acute maniacal, and these I have shown recover without local applications.

Restraint I also regard as of but little value, for though the hands may be restrained, other means will be adopted, unless the patient is himself determined to aid the physician, and if determined, then is restraint unnecessary.

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